## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	2	26 (	ϽF		52	
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	Γ		17

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NAME OF COMMITTEE (In Full)

$\rangle$	American Academy of Family Physicians Political Action Commit	tee
۹.	Full Name (Last, First, Middle Initial) Bruce M LeClair MD	D

Α.	Full Name (Last, First, Middle Initial) Bruce M LeClair MD	Date of Receipt				
	Mailing Address 5088 Windmill Lake Dr	05 12 2015				
	City	State Zip Code	Transaction ID : C3000279			
	Evans	GA 30809-6612	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer	Occupation				
	Self	Family Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	500.00				
— В.	Full Name (Last, First, Middle Initial) Geoffrey L Loman MD	Date of Receipt				
	Mailing Address 168 N Brent St Ste 502		05 18 _2015 _			
	City	State Zip Code	Transaction ID : C3002363			
	Ventura	CA 93003-2840	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer	Occupation				
	Brent Street Family Practice	Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	250.00				
— С.	Full Name (Last, First, Middle Initial) Cathleen G London MD	Date of Receipt				
	Mailing Address 440 W End Ave	05 06 2015				
	City	State Zip Code	Transaction ID : C2998191			
	New York	NY 10024-5358	Amount of Each Receipt this Period			
	FEC ID number of contributing		4000.00			
	federal political committee.	C	1000.00			
	Name of Employer	Occupation				
	Weil Cornell Medical College	Family Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General  Other (specify) ▼	1000.00				
S	SUBTOTAL of Receipts This Page (ontional)		1750.00			
۲	TOTAL OF HOOGIPES THIS I age (optional)					
т	OTAL This Period (last page this line numbe	r only)				